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5. These interrogatories are intended to be continuing and supplemental responses are requested from the Plaintiff in the event matters sought in these interrogatories are discovered by the Plaintiff prior to trial.

#### INTERROGATORIES

1. Please state your name, address, date of birth, social security number, and all names by which you have been known in the past.
2. Please state the address for each place you have resided in the past five (5) years and include the dates that you lived at each residence.
3. Please identify each person you expect to call as an expert witness at trial and please



indicate, as to each such person:

- a) The subject matter on which the expert is expected to testify;
- b) The substance of the facts and opinions to which each such person is expected to testify and a summary of the grounds for each opinion.

4. Please set forth fully, completely, and in your own words, your entire medical history as it may relate to any illness, disease, injury, condition, or disability of your body, stating in your answer the nature and extent of all treatment given therefor, the date thereof, and the names and addresses of all doctors and hospitals involved.

5. Have you been hospitalized within the ten (10) years preceding the date that you filed this Complaint? If so, please state:

- a) The name and address of each such hospital.
- b) The inclusive dates of hospitalization.
- c) A description of the condition for which you were hospitalized.
- d) A description of the treatment received at the hospital.

6. Have you been examined or treated by a doctor for any condition during the ten (10) years preceding the filing of this Complaint? If so, state:

- a) The name, address and specialty of the doctor.
- b) Each date the doctor was consulted.
- c) A description of the condition for which you were examined or treated.
- d) A description of the examination or treatment given by the doctor.

7. Please describe the nature and extent of the medical or hospital treatment which you claim to have received as a result of the occurrence alleged in your complaint, stating in each case the date you received treatment, the names and addresses of the physicians, and/or the hospitals involved.